FORNEY DOCKET NO.: P-9153.05 #8r66s Mail EL 799 066 335 US

Assistant Commissioner for Patents

division

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

PATENT Total Pages

NAMED INVENTOR OR APPLICATION IDENTIFIER: David L. Thompson TITLE: CUSTOM MANUFACTURING OF IMPLANTABLE MEDICAL DEVICES

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an

Sue McCoy Printed Name

BOX PATENT APPLICATION Commissioner of Patents and Trademarks Washington, D.C. 20231 Sir: We are transmitting herewith the attached: **Patent Application Transmittal** X Specification: X Total pages: 24 (including claims and abstract: Spec. 18 sheets; Claims 5 sheets; Abstract - 1

continuation in part

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: _

(At least the original independent claim must be retained for filing purposes.)

Cancel in this application original claims _

(Drawings:					
		Total sheets: 7 informal				
	Combi	ned Declaration and Power of Attorney: newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or				
2 1 4		declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
	Accon	npanying application parts:				
4	\square	Notification of filing a Assignment of the Invention to Medtronic, Inc.				
ļ.	\boxtimes	Assignment cover sheet				
Information Disclosure Statement						
1000		PTO Form 1449				
THE		Copies of IDS citations				
5		Preliminary Amendment				
	Ļ	A copy of the Petition or Conditional Petition for Extension of Time in the prior application.				
	X	Return Postcard				
IF A C	ONTINU	ING APPLICATION:				
		Continuation Divisional Continuation-in-part (CIP) of prior application No				
		Amend the specification by inserting before the first line the sentence: This application is a 🗌 continuation				

of application number ______, filed ______.

of the prior application before calculating the filing fee.

	This application claims the benefit of U.S	. Provisional Application(s) Serial No.(s)	, filed	
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987 Medtronic, Inc., MS 301 7000 Central Avenue NE		
		Minneapolis, Minnesota 55432		

FEE CALCULATION	No. of Claims Filed	Claims Inclu Base Fee	ided in	No. of Extra Claims	Rate	Fee
Total Claims	32	20	=	12	x 18	216
Independent Claims	2	3	=	0	x 80	0
Multiple Dependent Claims					+ 270	0
Basic Filing Fee						710
					TOTAL	926

Charge Deposit Account No. 13-2546 the sum of \$926.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of \$966.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

7/10/01

X X Date

Beth L. McMahon, Reg. No. 41,987

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